## LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)  $\begin{array}{c} \textbf{Page} \underline{\hspace{0.5cm}} \text{ of } \underline{\hspace{0.5cm}} \textbf{Page}(s) \\ \textbf{THIS SPACE FOR OFFICE USE ONLY} \end{array}$ 

2006 JAN 13 AM 9:29

			learly in black ink)			STATE OF IDAHO					-			
Lobbyist's name and permanent business address							Date prepared			Period covered				
Je Ma	effrey C. agic Valle	Crumrine ey Rehabili	tation Services, I uth	Inc.					ΙX	year endi	ng			
48 Tv	84 Eastlar win Falls,	ID 83301	uth		1:		12/30/05		(Mo.) 12	(Day) 31	(Yr.) 2005			
Item 1	Totals	of all reportab	ole expenditures made or								yer.			
Ca Reimburs	itegory of Ex ed Personal Livi		roportionate amounts contributed by each employer (Identify employers, under tem 3, at bottom of page.)											
Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported			All Employers	Employer No. 1		<del></del>	Employer No. 2	Employer No. 3		Employer No. 4				
Entertainment Food and Refreshment			\$	s		_ s	S	\$		s				
Living Accommodations				ļ		_								
Advertising						_								
Travel														
Telephone														
Other Expenses or Services			_136.00	136.00										
Total			\$ <u>136.00</u>	\$ <u>136</u> .	.00	_ s	·	\$		\$				
			s you are reporting for requ						hould be er	ntered on Pa	ige 1.			
Item 2	The totals of each expenditure of more than fifty dollar  Date Place			dollars (\$50	Amount Amount			of Legislators & F	Public Offic	cials in Gro	up			
	<u> </u>													
None				İ										
	Continued on	attached page(s)			l									
INSTRUCTIONS						Item 3	E	Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section						Magic Valley Rehabilitation Services, Inc.  No.1 484 Eastland Drive South Train Falls ID 93301								
67-6617 Idaho Code.							Twin Falls, ID 83301							
Filing deadline: Annual report is due on January 31st.														
TO BE FILED WITH:  Ben Ysursa  Secretary of State  PO Box 83720						No.3				. ,				
Plo Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282														

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.									
	Date		Amount		Name of Legislator Receiving or Benefited					
Item 5	or House Bill, I			None tion, the number of the Senate r legislative activity in which	Cad	LEGISLATIVE SUB				
Subject		Bill, Re	solution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Subject Health service, medicine, drugs		
(from	table)	Legislat	ive Ident, Number	and Section Number	02	farming, and livestock Amusements, games, athletics and sports	18	and controlled substances, health insurance, hospitals Higher education		
11	11		9	None	03	Banking, finance, credit and investments	19 20	Housing, construction, codes Insurance (excluding health		
31		None		None	05 06 07 08 09 10 11 12 13 14 15 16	Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	21 22 23 24 25 26 27 28 29 30	insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas		
						Employer No. 2 signature	ly			
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idahe Cede.						Employer No. 3 signature Employer No. 4 signature		Date		
					-	Entiployer 110. T Signature				